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ABSTRACT

Suicide prevention programs and reactions to student suicide or suicide attempts were studied at 21 Long Island, New York, colleges and universities. While none of the colleges had a student suicide on campus from September 1981 through June 1983, one third of these schools have experienced suicide attempts on campus. Although there was a wide variety of counseling services available, few of these services dealt directly and specifically with the issue of student suicide, and little specific training in dealing with student suicide attempts was provided. However, almost two-thirds of the colleges indicated that their counseling staffs had formally discussed suicide and attempted suicide with students. Variations in the number of counselors included: 25 percent of the colleges had no full-time counselors on staff, 29 percent had only one full-time counselor, 30 percent had from 6 to 15 full-time counselors, and 50 percent of the colleges used from 1 to 25 part-time or student counselors. Suggestions for prevention of student suicide include a networking system and changes in availability of counseling services dealing directly with student suicide. The College Counseling Services Questionnaire is appended and six references are listed. (SW)

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Student Suicide Reduction: Are the Colleges Helping?

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ABSTRACT

Student Suicide Prevention: Are the Colleges Helping?
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Student suicide is ranked as the second or third leading cause of death on college campuses. Due to the relatively high number of suicides in close succession in the New York metropolitan area, it is important to examine preventative measures, especially in institutions of higher education that have direct contact with these students. Therefore, the purpose of this study was to examine the role of colleges and universities on Long Island, both for prevention and in response to student suicide and suicide attempts. A survey of 21 Long Island colleges was conducted. Results of our survey indicated that while none of the colleges had a student suicide on campus from September 1981 - June 1983, one third of these schools have experienced suicide attempts on campus. Although there are a wide variety of counseling services available, few of these services deal directly and specifically with the issue of student suicide. Moreover, little specific training in dealing with student suicide attempts is provided to Long Island college personnel. Suggestions for prevention of student suicide include a networking system and changes in availability of counseling services dealing directly with student suicide.

INTRODUCTION

Student suicide is the second most frequent cause of death in the 15-24 age group and is ranked as the second or third leading cause of death on college campuses (Rosenkrantz, 1978). The problem of student suicide in the New York metropolitan area seems particularly acute since approximately 10 students in this age bracket have committed suicide in close succession in the Westchester, New York area. Through wide media exposure, the public has become aware of the problem and knowledgeable about various preventative measures. However, the question remains as to the role of colleges and universities both for prevention and in response to student suicide and suicide attempts.

Although the results of one study indicated that the majority of colleges and universities are either taking no official action or else referring the student to professional help in dealing with suicidal students (Bernard and Bernard, 1980), it is not at all certain if this is true today and especially in the New York metropolitan area which has experienced a rash of student suicides over the past three years.

The purpose of this study was to survey all colleges and universities on Long Island in an attempt to ascertain (1) the seriousness of the student suicide problem on campus, (2) services provided in coping with the suicidal student, and (3) suggestions for institutions of higher education in dealing with the suicidal student.

In June 1983, twenty-one College Counseling Services Personnel Questionnaires (see Appendix A) were mailed to the members of the Long Island College Student Personnel Association (LICSPA) and to one community college in Queens, New York. Aspects of suicide and suicide attempts by students in institutions of higher education on Long Island and the counseling services available to them were explored.

The following is a report of the findings of this survey.

RESPONDENTS

All of the 21 colleges and universities receiving the questionnaire completed and returned them. This 100% return rate for a mailed questionnaire is unusual and may reflect the seriousness with which the issue of student suicide is viewed by the college student personnel administrators on Long Island.

The higher education institutions on Long Island are relatively small. Seventy-one percent of the colleges surveyed had a full-time, undergraduate, day student enrollment of under 5,000. None exceeded 15,000 students. Forty-three percent of the institutions had no residence facilities, and forty-three percent had accommodations for 600 or more students.

SUICIDE AND SUICIDE ATTEMPTS BY STUDENTS

Student Suicide. Not one of the colleges surveyed had had a student suicide on campus grounds between September 1981 and June 1983, although one college reported that a student had committed suicide "not literally" on school property. The reason cited for this one suicide was serious psychopathology.

Suicide Attempts. While the majority of colleges on Long Island had not experienced student suicide on campus between September 1981 and June 1983, one-third of the schools had between 2 and 6 suicide attempts by students on college grounds within that two-year period. The most frequently cited reasons for these student suicide attempts are: serious psychopathology (78%), plea for help (78%), troubles with boy/girl friend (67%), to get attention (56%), and academic pressure/problems (44%).

COUNSELING SERVICES

Counseling Staff and Training. The colleges varied in the number of counselors on their staffs and the training they received specifically regarding student suicide. One-quarter of the colleges have no full-time counselors on staff and 29% have only one full-time counselor. Thirty percent of the colleges have from 6 to 15 full-time counselors. Over half of the colleges do not use part-time counselors nor student counselors. The remaining colleges use anywhere from 1 to 25 part-time or student counselors.

Three-fourths of the institutions reported that neither staff nor security guards received special training to deal with suicide and suicide attempts on campus. However, almost two-thirds of the colleges indicated that their counseling

staffs had formally discussed suicide and suicide attempts among college students within the two-year period. These discussions were initiated, for the most part, because of a specific incident of suicide or a suicide attempt by a student on campus.

Counseling Services Available. The colleges indicated that they have a wide variety of counseling services available to students. These include Freshman Orientation programs, crisis hotlines, individual and group counseling, and referrals to outside agencies.

All but one of the colleges surveyed conduct Freshman Orientation sessions. All of these Freshman Orientation sessions include discussions about academic problems and student services. Other topics frequently discussed include career development, financial aid, tutoring services, and alcohol abuse. However, only one-third of the colleges include discussions about depression and only one college includes the topic "suicide."

Three institutions reported that they have a 24-hour crisis hotline available on campus. One of these uses only paid personnel to handle the calls, and two use both volunteers and paid personnel. For one college, only students perform telephone crisis counseling, and for the other two, both students and staff counsel on the hotline.

Approximately three-quarters of the colleges reported that individual counseling and referral to outside agencies or private psychotherapists are services provided for students who have attempted suicide, as well as students who have experienced a suicide or suicide attempt of a fellow student. Some colleges provide family therapy (19%) and group counseling with other students who have attempted suicide (10%). Ten percent of the colleges provide group counseling specifically for students who have experienced a suicide or suicide attempt of a fellow student.

One-quarter of the colleges stated that they have instituted proactive measures to prevent student suicides or suicide attempts. Respondents described these measures by stating:

1. "Preventative mental health programs, workshops, etc."
2. "We are aware of students who are troubled and those who comment about suicide. They are noted and closely watched."
3. "Open seminars on stress-reduction, decision-making, depression, plus many others. Training sessions for head residents. Outreach counseling. Sensitivity training for staff."
4. "Communication between staff and residential life."
5. "Information dissemination of services to students."

CONCLUSION

Colleges on Long Island reported that they did not experience a student suicide on campus during the two-year period, September 1981 through June 1983. One-third of the colleges, however, reported experiencing student suicide attempts on campus during that same time period. While the actual need for colleges to deal with student suicide attempts on campus is infrequent on Long Island, the gravity of the problem, in terms of the short- and long-term impact not only on the suicide attempter, but also on his or her fellow students, makes the issue an important one for college counseling personnel to address.

Few of the colleges surveyed for the present study, however, indicated that they provide student counseling services which deal directly and specifically with the issue of student suicide. The perception of the college counseling personnel surveyed was that the student suicide attempts their colleges have experienced are, for the most part, the results of problems found generally among college age persons (e.g., serious psychopathology, troubles with boy/girl friend), not necessarily problems generated by college attendance (e.g., academic failure, financial problems). This finding corroborates the findings of Schwartz and Reifler (1980) who concluded that since the suicide rate is not higher for students than for Americans of comparable age, it may be possible for college mental health professionals to address the issue of suicide with less guilt and greater openness regarding the possibilities that student suicide is caused more by broader social processes affecting 18-22 year-olds than specific factors about the college environment.

Counseling services provided by colleges could serve to strengthen students' abilities to deal with their experiences and the experiences of their peers. While most of the colleges provide individual counseling and referral to outside agencies for any student who expresses a need, perhaps more of the colleges could discuss the topics of depression, coping with stess, and suicide during Freshman Orientation. Students would then know that the college counseling personnel do not consider student suicide a taboo subject, but are aware of the problem and open to discussing it.

Bernard and Bernard (1982) state that it is the responsibility of institutional officials to respond "to the suicidal student in a humane and congruent manner" (p. 413). The results of their study indicate that 80% of the students who had attempted suicide felt they had made the right choice in remaining in college (p. 412). In a previous study, Bernard and Bernard (1980) found that 44% of the surveyed colleges demand that a student who has attempted suicide withdraw from school. Since forced withdrawal from school does not seem to be humane, nor even warranted, more constructive methods of responding to these students' needs must be developed.

Our study found, however, that little specific training in dealing with student suicide and suicide attempts is provided to Long Island college personnel, including dormitory supervisors, security guards, and counseling staffs. The signs of suicide and suggestions for counselor intervention strategies provided by Morgan (1981) may provide a helpful starting point for training workshops which would address this present lack of training. Furthermore, a network system of those colleges that have had to deal with student suicide attempts could be of great help to the other colleges in offering information and suggestions regarding successful approaches to a suicide attempt and its aftermath.

Hipple, Cimbolic, and Peterson (1980) have suggested seven factors which should be considered in any general plan that would be implemented in the event of an attempted or completed suicide by a student. These factors include establishment of a reaction team, an information flow system, and a referral network. Thus, institutional procedures and policies regarding student suicide and suicide attempts could be carefully considered and established prior to the need to implement them.

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APPENDIX A

COLLEGE COUNSELING SERVICES QUESTIONNAIRE

Please respond to each question below with regard to the college or university in which you are currently serving.

1. How many full-time, undergraduate, day students are currently enrolled in your school? (Check one)

___ Under 1000
___ 1000 - 4999
___ 5000 - 9999
___ 10000 - 14999
___ 15000 - 19999
___ 20000 - 24999
___ 25000 or more

2. What is your total school enrollment (including part-time, evening, and graduate students)? (Check one)

___ Under 1000
___ 1000 - 4999
___ 5000 - 9999
___ 10000 - 14999
___ 15000 - 19999
___ 20000 - 24999
___ 25000 or more

3. How many students are currently living in your college/university residence facilities? (Check one)

___ None
___ 1 - 99
___ 100 - 399
___ 400 - 599
___ 600 - 799
___ 800 - 999
___ 1000 or more

4. a. How many staff serve as full-time counselors? _____

   b. How many staff serve as part-time counselors? _____

   c. How many student counselors (interns, peer, etc.) are on staff? _____

5a. Is there a 24-hour crisis hotline available on campus? (Check one)

___ Yes
___ No
___ I don't know

5b. If you answered yes to Question 5a, who performs telephone crisis counseling? (Check one for Question 5b and one for Question 5c)

___ Volunteers only
___ Paid personnel only
___ Volunteers and paid personnel
___ I don't know

5c. Who performs telephone crisis counseling?

___ Students only
___ Staff only
___ Students and staff
___ Others: (please specify:_____)
___ I don't know

6. During Freshman Orientation, which of the following specific topics are regularly discussed? (Check all that are appropriate)

___ academic problems
___ alcohol abuse
___ career development
___ dating
___ depression
___ drug abuse
___ drunk driving
___ financial aid
___ loneliness
___ sex
___ sexually transmitted diseases
___ student services
___ suicide
___ tutoring services
___ other (please specify:_____)
___ I don't know
___ We don't conduct Freshman Orientation

7. Do your staff and/or security guards receive special training to deal with suicide and suicide attempts as something beyond other medical emergencies? (Check one)

___ Yes
___ No
___ I don't know

8a. Since September 1981, has your school counseling staff formally discussed suicide and suicide attempts among college students (at staff meetings, seminars, etc.)? (Check one)

___ Yes
___ No
___ I don't know

8b. If you answered yes to Question 8a, what was the most important factor which prompted the discussion? (Check one)

___ A specific incident of suicide or a suicide attempt by a student on campus.
___ A decrease in the rate of suicide/suicide attempts by students on campus.
___ An increase in the rate of suicide/suicide attempts by students on campus.
___ The general increase in suicide among the 15-24 year olds in the United States over the past 20 years.
___ Other (please specifiy:_____)
___ I don't know.

9a. Have there been any student suicide attempts on campus (dormitories, on grounds, in other buildings) since September 1, 1981? (Check one)

___ Yes
___ No
___ I don't know

If you answered yes to Question 9a, answer Questions 9b, 9c, and 9d.

9b. How many student suicide attempts have there been on campus since September 1, 1981?

_____ (indicate number of attempts)

9c. What were the major reasons for these suicide attempts? (Check all that are appropriate)

___ get attention
___ serious psychopathology
___ serious physical illness
___ academic pressure/problems
___ financial problems
___ drug abuse
___ imitation
___ alcohol abuse
___ plea for help
___ desire to die
___ death of a parent or other close relative
___ death of a friend
___ divorce of parents
___ troubles with boy/girl friend
___ no obvious reason
___ I don't know
___ other; please specify:_____

9d. What counseling services are available at your school for a student who has attempted suicide? (Check all that are appropriate)

___ individual counseling
___ group counseling with other students who have attempted suicide
___ group counseling with other students who have experienced emotional stress, but have not attempted suicide
___ family therapy
___ referral to outside agencies or private psychotherapists
___ other, please specify:_____
___ I don't know

10a. Have there been student suicides on campus (dormitories, on grounds, in other buildings) since September 1, 1981? (Check one)

___ Yes
___ No
___ I don't know

10b. How many student suicides have there been on campus since September 1, 1981?

_____(indicate number of attempts)

10c. What were the major reasons for these suicides? (Check all that are appropriate)

___ get attention
___ serious psychopathology
___ serious physical illness
___ academic pressure/problems
___ imitation
___ financial problems
___ drug abuse
___ alcohol abuse
___ plea for help
___ desire to die
___ death of a parent or other close relative
___ death of a friend
___ divorce of parents
___ troubles with boy/girl friend
___ no obvious reason
___ I don't know
___ other; please specify:_____

10d. What counseling services are available at your school for students who have experienced a suicide or suicide attempt of a fellow student?

___ individual counseling
___ group counseling with other students who have experienced a suicide or suicide attempt of a fellow student
___ group counseling with other students who are experiencing emotional stress, but not due to a suicide or suicide attempt of a fellow student
___ family therapy
___ referral to outside agencies or to private psychotherapist
___ other, please specify:_____
___ I don't know
___ we do not provide counseling services

11. Does the student campus newspaper report student suicide attempts which occur on school property?

___ Never
___ Sometimes
___ Always
___ There have been no attempted suicides on school property
___ I don't know

12. Does the student campus newspaper report student suicides which occur on school property?

___ Never
___ Sometimes
___ Always
___ There have been no suicides on school property
___ I don't know

13. Are parents or guardians of students who have attempted suicide on school property notified of the suicide attempt? (Check one)

___ Yes, always
___ No, never
___ Sometimes (please specify conditions which warrant notification of parents or guardians:_____
_____)

14. Are any proactive measures of any kind used by your school to prevent student suicides or suicide attempts (eg., free week midsemester, guards posted on bridges during finals week, etc.)? (Check one)

___ Yes
___ No
___ I don't know

If yes, please describe them:_____
_____
_____

Thank you for your cooperation.

REFERENCES

Bernard, M. L. and Bernard, J. L. Institutional responses to the suicidal student: Ethical and legal considerations, Journal of College Student Personnel, 1980, 21, 109-113.

Bernard, M. L. and Bernard, J. L. Factors related to suicidal behavior among college students and the impact of institutional response. Journal of College Student Personnel, 1982, 23, 409-413.

Hipple, J. L., Cimbolic, P., and Peterson, J. Student services response to a suicide. Journal of College Student Personnel, 1980, 21, 457-8.

Morgan, L. B. The counselor's role in suicide prevention. Personnel and Guidance Journal, 1981, 59(5), 284-286.

Rosenkrantz, A. L. A note on adolescent suicide: Incidence, dynamics and some suggestions for treatment. Adolescence, 1978, XIII(50), 209-214.

Schwartz, A. J. and Reifler, C. B. Suicide among American college and university students from 1970-71 throught 1975-76. Journal of the American College Health Association, 1980, 28, 205-210.